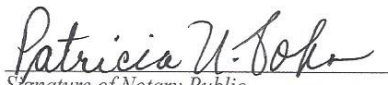



Campaign Contribution Disclosure Report Georgia Government Transparency and Campaign Finance Commission 200 Piedmont Avenue S.E. Suite 1402 West Tower Atlanta, GA 30334 404-463-1980 www.ethics.ga.gov			
1. Report Type (Select One) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>DeKalb Board of Education District 6</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID _____ <small>(Filer ID that begins with the letter "C")</small> Organization or Person Other than Candidate's Campaign Committee Committee Name: <u>Lance Lawyer Hammonds</u> Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>		Use Earlier of Post Mark or Hand Delivered Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3. Identifying and Contact Information			
(1) <u>Lance Lawyer Hammonds</u> (2) <u>06/28/2018</u> <small>Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date</small> (3) <u>P.O. Box 871174</u> <u>Lithonia</u> <u>GA</u> <u>30087</u> <small>Mailing Address City State Zip Code</small> (4) _____ and/ or <u>votelancehammonds@gmail.com</u> <small>Primary Contact Phone Number E-Mail</small> (5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) If yes, is the committee registered with the Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (7) If yes, complete the following: _____ <small>Name of Committee Chairperson Name of Committee Treasurer</small>			
4. Period for which you are Reporting			
You Must Check Only One Box			
My Non Election Year <input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	My Election Year <input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, <u>2018</u> (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small> <input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	Special Election <input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)
State of <u>GEORGIA</u> County of <u>DEKALB</u> I, <u>Lance Lawyer Hammonds</u> , being duly sworn (affirm), depose and say that the information in this report is true, complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing system, if also electronically filed. Sworn to and subscribed before me on <u>June 29, 2018</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  Signature of Notary Public </div> <div style="width: 30%;"> <u>04/19/2020</u> Commission Expiration </div> <div style="width: 30%; text-align: center;">  a. Signature of Candidate b. Organization Chairperson/Treasurer </div> </div>			

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		\$4,250.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		\$2,225.00
3a	All loans received this reporting period.		\$6,387.50
3b	Interest earned on campaign account this reporting period.		
3c	Total amount of investments sold this reporting period.		
3d	Total amount of cash dividends and interest paid out this reporting period.		
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		\$2798.00
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		\$11,410.50
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		\$15660.50

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	\$1,835.06	
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	\$13,825.24	
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page	0	
11	Total expenditures reported this period. (Line 9 + 10)	\$13,825.24	
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	\$15,660.50	

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.	0	
14	Total value of investments held at the end of this reporting period.	0	

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)	0	
----	--	---	--

* O.C.G.A. 21-5-3(10) : Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>Primary</u> Election Year: <u>2018</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	\$4,000.00
2	Loans received this reporting period.	\$6,367.50
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	\$10,367.50
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 Public Officer/Candidate/Other Than Candidate Committee Name

Public Officer/Candidate/Other Than Candidate Committee Name

Lance L HammondsPage 3 of 12

CFC-CCDR 1/14

State of Georgia Campaign Contribution Disclosure Report Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value Description
First Name or Business Name Devon	Date 04/03/2018	Occupation Insurance	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250.00	Est. Value
Last Name Hudson					
Address 4330 Riverview Lane					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Lithonia	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30038	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Thomas	Date	Occupation Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$200.00	Est. Value
Last Name Brown					
Address 3035 Eltham Place					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			
City Decatur	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Laborers Int. Union of North America	Date 04/26/2018	Occupation Labor	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$400.00	Est. Value
Last Name					
Address 1004 Edgewood Ave., NE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			
City Atlanta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30307	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 850 \$

Public Officer/Candidate/Other Than Candidate Committee Name

Lance L Hammonds

Page 4 of 12

CFC-CCDR 1/14

First Name or Business Name Greg	Date 04/30/2018	Occupation Consultant	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name Gray					
Address 770 Southland Pass, Stone					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Self-employed			Description
City Stone Mountain	<input type="checkbox"/> In-Kind				
State GA	Zip 30087	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name JoAnne	Date 04/30/2018	Occupation Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$150	Est. Value
Last Name Williams-West					
Address 7474 Wood Hallow Way					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Retired			Description
City Stone Mountain	<input type="checkbox"/> In-Kind				
State GA	Zip 30087	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name Georgia Federation of Teachers	Date 05/17/2018	Occupation Union	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$975.00	Est. Value
Last Name					
Address 1990 Lakeside Pkwy					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Tucker	<input type="checkbox"/> In-Kind				
State GA	Zip 30084	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
First Name or Business Name "Common Source"	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$2798.00	Est. Value
Last Name					
Address					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	Zip	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 4173.00 \$					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Public Officer/Candidate/Other Than Candidate Committee Name

Lance L Hammonds

Page 5 of 12

CFC-CCDR 1/14

Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.) Lance	1. Primary	First Name Lance	1. SE Region Acct Manager - NorFalco
Lender Last Name Hammonds	2. 4/15/2017	Last Name Hammonds	2.
Address 6933 Waters Edge Dr	3. <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Address Same	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address2	<input checked="" type="checkbox"/> Candidate
City Stone Mountain		City Same	<input type="checkbox"/> Other Than Candidate Committee Name
State GA Zip 30087		State Same Zip Same	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General	Address	3. <input type="checkbox"/> Public Officer
Address2	<input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address2	<input type="checkbox"/> Candidate
City		City	<input type="checkbox"/> Other Than Candidate Committee Name
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ _____	

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR1/14

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name American Technologies Consulting	Date 04/13/2018	Occupation Consulting	Robo Call (4/13/18) \$330	\$550.00
Last Name			Robo call 5/21/2018 - \$225.00	
Address 7713 Stoney Creek Ct	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City FairFax				
State VA Zip 22039				
First Name ACARTERFROMATION	Date 05/06/2018	Occupation Designer	Graphic Design	\$90.00
Last Name				
Address Online Vender	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Stone Mountain				
State GA Zip 30087				
First Name James	Date 04/09/2018	Occupation	Sign Placement	\$980.00
Last Name Hartry				
Address 4354 Riverview Lane	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Lithonia				
State GA Zip				

Page Total \$ 1,620.00

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

Public Officer/Candidate/Other Than Candidate Committee Name

Lance L Hammonds

Page 7 of 12

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Crossroads news	Date 05/11/2018	Occupation Advertising	Advertising	\$460.00
Last Name				
Address 2346 Candler Rd	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Decatur				
State GA Zip 30032				
First Name Janetta	Date 04/12/2018	Occupation	Consulting	\$750.00
Last Name Cureton				
Address 3340 Veracruz Way	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Decatur				
State GA Zip 30034				
First Name Sikeone Productions	Date 05/11/2018	Occupation Graphic Designer	Artwork	\$100.00
Last Name				
Address Online order - daesyne456@gmail.com	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Atlanta				
State GA Zip				
First Name Monarch Consulting	Date 04/26/2018	Occupation consultant	Consulting	\$750.00
Last Name				
Address 2709 Chimney Rock Ln SW	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Conyers				
State GA Zip				

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ 2,060.00

Public Officer/Candidate/Other Than Candidate Committee Name

Lance L Hammonds

Page 8 of 12

CFC-CCDR1/14

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Georgia Event Staffing	Date 05/21/2018	Occupation Staffing	Poll workers	\$1560.00
Last Name				
Address 1035 Green Street	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment			
Address2	<input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card	Employer		
City Conyers	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense			
State GA Zip 30013	<input type="checkbox"/> Investment			
First Name On Common Ground News	Date 05/14/2018	Occupation News	Advertising	\$1200.00
Last Name				
Address 1240 Sigman Rd	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment			
Address2	<input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card	Employer		
City Conyers	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense			
State GA Zip 30012	<input type="checkbox"/> Investment			
First Name New Directions Marketing	Date 04/27/2018	Occupation Marketing	Text Marketing	\$479.00
Last Name				
Address 2498 Ash Rose Dr	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment			
Address2	<input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card	Employer		
City	<input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense			
State Zip	<input type="checkbox"/> Investment			

Page Total \$ 3,239.00

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

Public Officer/Candidate/Other Than Candidate Committee Name

Lance L Hammonds

Page 9 of 12

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Prima printing	Date 04/11/2018	Occupation Printing	Literature printing	\$1701.91
Last Name				
Address 191 14th Street NW	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Atlanta				
State GA Zip 30318				
First Name Signsonthecheap	Date 04/30/2018	Occupation Printing	Campaign Signs	\$1584.63
Last Name				
Address 101 Stone Hollow Way	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Austin				
State TX Zip 78758				
First Name Eastmetro Design	Date 04/02/2018	Occupation Printing	Campaign signs	\$848.00
Last Name				
Address 1875 Rockdale Industrial Blvd.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Conyers				
State GA Zip 30012				
First Name Tucker Castleberry	Date 05/17/2018	Occupation		\$2771.70
Last Name				
Address 3500 McCall PI	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Atlanta				
State GA Zip 30340				

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$ 6906.24

Public Officer/Candidate/Other Than Candidate Committee Name

Lance L Hammonds

Page 10 of 12

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name			Account #		
Institution/Person Holding Account <u>N/A</u> Mailing Address <u>P.O. Box 871174</u> Address2 _____ City _____ State _____ Zip _____			Value at beginning of reporting period \$		
			Value at end of reporting period \$		
			Difference in value \$		
			Interest Paid Out \$		
			Cash Dividends \$		
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
2. Investment Name			Account #		
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____			Value at beginning of reporting period \$		
			Value at end of reporting period \$		
			Difference in value \$		
			Interest Paid Out \$		
			Cash Dividends \$		
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
<u>Total value of investments at beginning of reporting period \$</u> <u>Total value of investments at end of reporting period \$</u> <u>Total difference in value \$</u>			Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ Page Total Profit: \$ _____ Page Total Loss: \$ _____		

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.
Information that is to be reported in the body of the report **should not** be listed on Addendum Statement.